

PARENT/TEEN SURVEY

Personal Information:

1. Name _____

2. Do you prefer contact by email or phone ?

We can use your help!

1. If you can provide transportation once in a while, please check here .

*How many can you transport in your vehicle (everyone must be in a seatbelt)? _____

2. If you can provide refreshments one to three times this year, please check here .

3. If you are willing to offer your home as a place to meet once or twice this year, please check here .

*How many people would fit comfortably? _____

*What are some special features about your home that might be of interest in planning (e.g.: swimming pool, game room, wide screen TV, large yard, basketball hoop, etc)? _____

4. If you are willing to assist in one of our youth retreats, please check here .

We want to help you!

Rank the discussion topics below according to how helpful they would be to you as a parent (#1 would be most important, and so on).

- | | |
|-------------------------------------|------------------------------------|
| ___ Parent-teen relationships | ___ Christian models in the home |
| ___ Conflict resolution | ___ On being a parent |
| ___ Family devotions | ___ Resources available to parents |
| ___ Pressures on youth today | ___ Building a Christian home |
| ___ Christian education in the home | ___ Other |

Evaluation of the Youth Program.

1. The one thing I like best about the youth program is _____

2. The one thing I dislike most about the youth program is _____

3. The one goal I want most to see the youth program accomplishing is _____

Please complete the following sentences:

1. God is _____

2. The Bible is _____

3. Our family is _____

4. The most important thing for a family to have is _____

List any subjects or principles you would like me to deal with in my teaching times for your teenager(s):

1. _____
2. _____
3. _____
4. _____
5. _____

Youth Group Activities

How often would you like the youth group to have an activity?

- One a month
- Two a month
- Three a month
- Weekly

How often do you think your teen(s) would like the youth group to have an activity?

- One a month
- Two a month
- Three a month
- Weekly

What other comments/suggestions would you like to make?

Teen Information (Please fill out a section for each of your teens.)

Teen Name _____

Is your teen employed: yes /no ? If yes, where _____

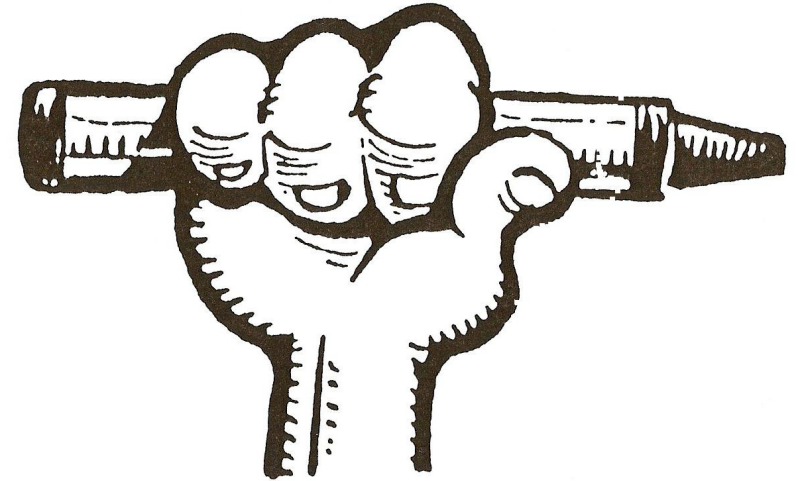
List your teen's talents (Music, Instrument, Sports, Writing, etc.)

List several goals you have for your teen:

Ten Years	Five Years	This Year
1.	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	4.

What does a typical weekend look like for your teen?

Anything else you would like to share:



Parent/Teen Survey

Teen Name _____

Is your teen employed: yes /no ? If yes, where _____

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List several goals you have for your teen:

Ten Years	Five Years	This Year
1.	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	4.

What does a typical weekend look like for your teen?

Anything else you would like to share:

